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APPLICANTS

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** CONTINUING DATA ***** *TKM*** FOREIGN APPLICATIONS ***** *TKM*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 12/03/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	STATE OR COUNTRY SEYCHELLES	SHEETS DRAWING 11	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 5
Verified and Acknowledged	Allowance <i>TKM</i> Examiner's Signature Initials				

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TITLE

Laryngeal mask airway device with position controlling tab

FILING FEE RECEIVED 614	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____